

**1 GOAL & OBJECTIVE**

**CURRENT PERFORMANCE**

Only **5%** of both Urgent and Non-Urgent referrals are seen within current approved guidelines

**EXPECTED OUTCOME**

**70%** of clients referred to the St George Hospital Outpatients Diabetes Clinic are seen within allocated 4-6 weeks for Urgent and 6-12 weeks for Non-Urgent

**GAP**  
65% of referrals to The St George Hospital Outpatient Diabetes Clinic are not seen within approved guidelines.

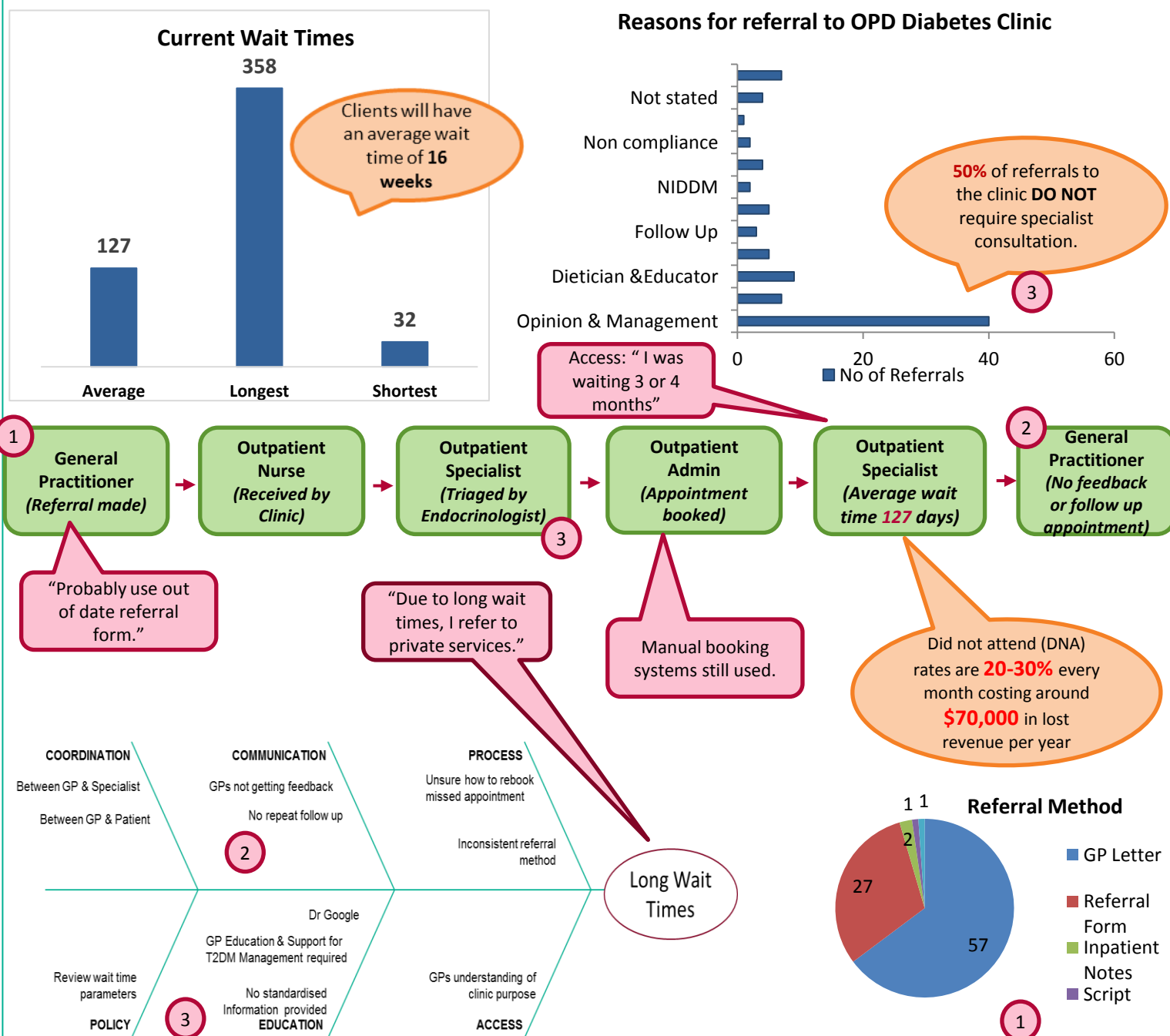
**Goal:** Timely and appropriate navigation of newly diagnosed T2DM clients within the primary healthcare setting.

**Primary Objective:** Reduce the waiting time for newly diagnosed T2DM clients accessing the Outpatient Diabetes Clinic;

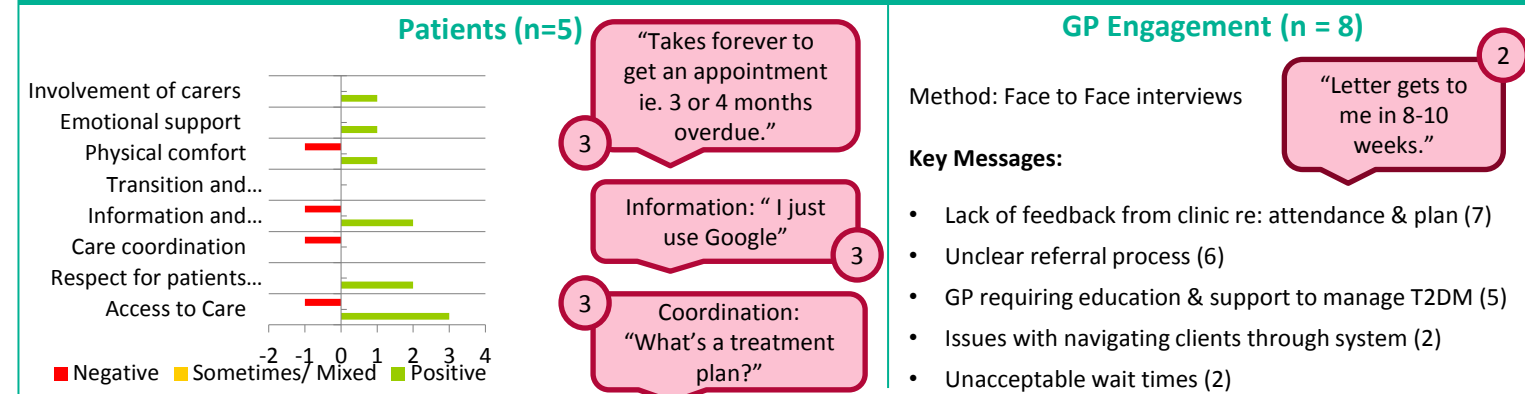
**1:** Urgent clients from 5% seen in 4 - 6 weeks to **30%** seen in 4 - 6 weeks by March 2015 (**70%** by March 2016)

**2:** Non-urgent clients from 5% seen in 6 - 12 weeks to **30%** seen in 6 - 12 weeks by March 2015 (**70%** by March 2016)

**2 CASE FOR CHANGE & KEY DIAGNOSTIC DATA**



**3 KEY MESSAGES**



**4 KEY FINDINGS**

Focus Area	Measure	#	Root cause analysis	Impact	Priority
1 Referral	Standardised referral form used by GP in 100% of cases	1	Lack of consistency with current referral form	Referral not standardised Extended wait time	H
		2	Referral process unclear/unknown	Inappropriate referrals Extended wait time	H
		3	Inadequate supporting documentation with referral	Inappropriate referrals Extended wait time	H
2 Communication	Use of established/agreed communication framework	4	No established feedback mechanism to GP's.	Poor coordination, Duplication of investigations	M
		5	No documented clinical pathway for clients	Uncoordinated care	M
		6	No engagement with client from point of referral to booked appointment to discharge.	Increased DNA rates	M
3 Clinic Purpose	Reduce referrals for opinion and management	7	No clear service description of Diabetes Clinic role and function.	Inappropriate referrals Extended wait times	M
		8	No current exit or referral on function for inappropriate referrals.	Extended wait times Poor health outcomes	M
		9	Clinic not meeting expectations of GP's and clients	Low patient satisfaction Use alternate providers.	H

**5 DIAGNOSTIC ACTIVITIES**

Data analysis	Fishbone	Patients interviews (n=5)	GP interviews (n=8)
Process Mapping	Specialist Consultation	Staff Focus Group	

**6 PROJECT RISKS & ISSUES**

Description	Rating	Owner	Mitigation
High work volume of Project Team and ability to meet Project & ACI deliverables	Extreme	Project Team	Discuss work volume with sponsors, delegate tasks
Significant organisational change in SESML and SESLHD	High	Sponsors	Clear communication re: Project benefits through change process
Engagement in project by GP's.	High	Project Team	Communicating strong case for change with associated patient outcomes

**7 VARIANCE TO SCOPE**

Nil variance to scope.

<b>Team</b>	<b>Sponsor</b>	<b>CHR</b>
The Sugar Fix	Linda Soars (SESLHD) & Lynelle Hales (SESML)	2014-02